

# Eligibility of patients with cardiovascular disease for dual pathway inhibition in a large community cardiology practice



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## BACKGROUND

To optimize vascular risk across the broad-spectrum of patients with cardiovascular disease (CVD), it is essential to identify and apply the latest medical advances to eligible candidates, which is often difficult due to the overwhelming logistical barriers of clinical practice.

The COMPASS trial showed the benefit of dual pathway therapy with ASA (acetylsalicylic acid) plus low-dose rivaroxaban compared with either ASA or rivaroxaban alone in patients with stable atherosclerotic vascular disease in terms of death, stroke, or MI (myocardial infarction).

The study was conducted in a large community cardiology practice with 40,000 active patients. A retrospective analysis of 1,000 sequential current patients were reviewed for eligibility of dual pathway therapy.

## RESULTS

The mean age was 63. The number (percentage) of patients < 65 who had two or more risk factors was 37 (3.7%) and the number (percentage) of patients > 65 with established CAD was 246 (24.6%), totaling 283 (28.3%) patients eligible for dual pathway antiplatelet therapy. Of the 1,000, 7 patients (0.7%) were currently on dual pathway antiplatelet therapy.

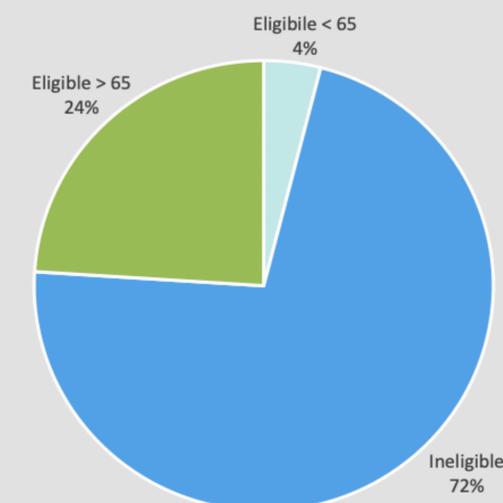
## SUMMARY OF RISK FACTORS

	Number
CAD	328 (32.8%)
Diabetes Type 1	6 (0.6%)
Diabetes Type 2	204 (20.4%)
Smoker	60 (6%)
eGFR < 60	92 (9.2%)
Heart failure	81 (8.1%)

## METHODOLOGY

1. Exclusion criteria included those with atrial fibrillation or valvular heart disease requiring full systemic anticoagulation.
2. Eligibility criteria included:
  - a. Established coronary artery disease (CAD) with or without peripheral vascular disease (PVD)
  - b. For those under 65, two of the following risk factors were required for eligibility:
    - Atherosclerosis in two vascular beds
    - Current smoker
    - eGFR (estimated glomerular filtration rate) < 60
    - Heart Failure
    - Non-lacunar ischemic stroke
3. The prevalence of each criteria was collected and analyzed in order to determine the extent of the care gap between current care and optimized dual pathway therapy.

## POTENTIAL DUAL PATHWAY PATIENTS n: 1,000



## CONCLUSION

Based on this analysis it can be anticipated that almost 1/3 of all patients could be eligible for dual pathway therapy to prevent cardiovascular death, stroke, or MI. This treatment gap should be addressed with structured interventions to bridge this identified care gap.

## DECLARATION OF INTEREST

Unrestricted grants for clinical quality programs. Bayer, Pfizer, Boehringer-Ingelheim